MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07098

Reg. Dist. No. 252

1. PLACE OF DEATH:
County: Queen Anna -
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime.
Hospital, institution, or street address where death occurred:
How long in hospital or institution? Home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Nancy Anna Allen.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	C	Widow.

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov 13 - 1883.

8. AGE: Years: 65 | Months: 8 | Days: 9. | If less than one day: ..... hrs. ..... min.

9. Birthplace: Maryland.
(Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business:

FATHER
12. Name: Caleb H. Allen.
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Mary M. Hutchins
15. Birthplace: Maryland.

16. Informant: Mrs. Henrietta Handy
Address: Centreville Md. 25

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 25 - 49 (month) (day) (year)
Cemetery or crematory: Cmetery.
Location: Centreville Md.

18. Funeral director: Lewis A. Henry
Address: Centreville Md.

19. July 25 - 1949 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 22. 1949, at 8 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 - 1949, to July 22 - 1949
and that I last saw h.. alive on July 21 - 1949

Immediate cause of death	DURATION
Coronary occlusion	
Due to	
Due to	
Other conditions	

430.1
94a
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: W Henry Fisher M. D. or other
Address: Centreville Md. Date signed: 7-23-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

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JUL 29 1949
BUREAU V. S.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07099

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Annis MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville
LENGTH OF STAY (in this place) all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annis
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) FRANCES (Middle) A (Last) BURKE

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH July 12-1885

9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Centreville Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert P. Bryan

14. MOTHER'S MAIDEN NAME Susan R Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT Clifton Burke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

260
61

Immediate cause (a) Heart

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Paralysis left sides + Diabetes

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1944, to July 2, 1949, that I last saw the deceased alive on June, 1949, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. F. McPherson

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 5. 49

NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield

LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. 7-5-'49

REGISTRAR'S SIGNATURE Elise Armstrong

24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Maryland

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JUL 14 1949
BUREAU V. S.

07286

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY 90 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Sudlersville COUNTY 90
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Jonathan (Middle) (Last) Chance

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH July 20 1859
9. AGE last birthday 90 yrs. If under 1 year Months 6 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. ~~KIND~~ OF BUSINESS OR INDUSTRY Retired Merchant
11. BIRTHPLACE (State or foreign country) Sudlersville Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jonathan Chance
14. MOTHER'S MAIDEN NAME Harriet Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Allan Walls

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cystitis

610 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertrophy of Prostate

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no
(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURRED While at Work ☐ Not While at work ☐ no
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 25, 1949, to July 26, 1949, that I last saw the deceased alive on July 25, 1949, and that death occurred at 1300 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C H Whitcalf ADDRESS Sudlersville Md DATE SIGNED 7-27-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE July 29 NAME OF CEMETERY OR CREMATORY Sudlersville LOCATION (City, town, or county) Sudlersville (State) Md.

DATE REC'D BY LOCAL REG. 7-28-49 REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07290

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Queen Anne; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roberts; LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roberts
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) IRA (Middle) (Last) FURBUSH

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-24-74

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Furbush

14. MOTHER'S MAIDEN NAME: Elizabeth Downing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: James E. Furbush

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 24 Hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

331 83a

(b) Hypertension — 24 Hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949 to July 25, 1949, that I last saw the deceased alive on July 25, 1949, and that death occurred at 5 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr Norman L. Dudley ADDRESS Church Hill DATE SIGNED July 27

23. BURIAL / CREMATION / REMOVAL (Specify) | DATE 7-28-49 | NAME OF CEMETERY OR CREMATORY Sudlersville | LOCATION (City, town, or county) Sudlersville | (State) Md

DATE REC'D BY LOCAL REG. 7-27-49 | REGISTRAR'S SIGNATURE Edgar L. Land

24. FUNERAL DIRECTOR Edgar L. Land ADDRESS Church Hill

VS. A15

RECEIVED
SEP 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07100

CERTIFICATE OF DEATH

Reg. Dist. No. 2-5-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville
LENGTH OF STAY (in this place): All his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) BEVERLY NEWMAN (Last) GOLDSBOROUGH

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 30-1866

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Printer

11. BIRTHPLACE (State or foreign country): Centreville Q.A. Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Goldsborough

14. MOTHER'S MAIDEN NAME: Mary E Fallonfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Beverly L. Goldsborough

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Heart

97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1940, to 7/24, 1949, that I last saw the deceased alive on 7/23, 1949 and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. F. McPherson — ADDRESS: Centreville Md — DATE SIGNED: 7/25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: July 26-49 | NAME OF CEMETERY OR ~~CREMATORY~~: Chesterfield | LOCATION (City, town, or county) (State): Centreville Maryland

DATE REC'D BY LOCAL REG.: 7-26-49 | REGISTRAR'S SIGNATURE: Elsie Armstrong

24. FUNERAL DIRECTOR: Easton Bros. — ADDRESS: Centreville Md

VS. A15

RECEIVED
JUL 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07101

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queen Anne, Rural
LENGTH OF STAY (In this place): 6 mts
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queen Anne, Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Lulu (~~Middle~~) (Last) Hutson

4. DATE OF DEATH: (Month) 7/30 (Day) (Year) 49 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/15/1875

9. AGE last birthday: 74 yrs.

If under 1 year: Months — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Thorp

14. MOTHER'S MAIDEN NAME: Mary Wiby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Marion Hutson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Cerebral Hemorrhage c Hemiplegia, c

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b) Arteriosclerotic Cardiac Failure Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 19..., to July 30, 1949, that I last saw the deceased alive on July 28, 1949, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE: Charles A Hueston (Degree or title) M.D. ADDRESS: Greensboro Md DATE SIGNED: Aug 1, 1949.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8/2/49

NAME OF CEMETERY OR CREMATORY: Mt. Olive

LOCATION (City, town, or county) (State): Goldsboro, Md

DATE REC'D BY LOCAL REG.: Aug 1-1949

REGISTRAR'S SIGNATURE: Elsie Armstrong

24. FUNERAL DIRECTOR: Raymond B Rawlings

ADDRESS: Greensboro, Md

RECEIVED
AUG 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07102

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Annes | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville | LENGTH OF STAY (In this place) about 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
STREET ADDRESS (If rural give location) Corner Neck

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Frederick	Kaufman	July	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	Widowed	Dec 24-1884	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Farm	Germany	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
August Kaufman	Wilhelmina Forstine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	William Kaufman Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July 1, 1949, to July 10, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 5 A.M. from the causes and on the date stated above.

SIGNATURE H. F. McPherson (Degree or title) ADDRESS Centreville Md DATE SIGNED 7/11/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 12-49	Chesterfield	Centreville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/11/49	Elsie Armstrong	Barton Bros.	Centreville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 14 1949
BUREAU V. S.

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07287

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH · COUNTY Queen Anne MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) ANNA	(Middle) MAY	(Last) SMITH	4. DATE OF DEATH	(Month) JULY (Day) 16 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 4-24-26	9. AGE last birthday 23 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Roland Smith	14. MOTHER'S MAIDEN NAME Anna Buckle				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Roland Smith			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Mitral Heart Lesion

353.3 Antecedent cause(s)

92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epilepsy - underlying cause of death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 16, 1949, to July 16, 1949, that I last saw the deceased alive on Dead when I saw her, 19..., and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE Norman S. Dudley (Degree or title) MD ADDRESS Church Hill DATE SIGNED July 17 1949 Co Md 7-17

23. BURIAL, CREMATION REMOVAL (Specify)	DATE July 19-1949	NAME OF CEMETERY OR CREMATORY Greensboro	LOCATION (City, town, or county) Greensboro	(State) Md
DATE REC'D BY LOCAL REG. July 17	REGISTRAR'S SIGNATURE Edgar L. Lane	24. FUNERAL DIRECTOR Edgar L. Lane	ADDRESS Church Hill	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1949
BUREAU V. S.

07103

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Queen Annie MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chester
LENGTH OF STAY (in this place) all her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annie
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chester
STREET ADDRESS (If rural give location) Dominion

3. NAME OF DECEASED (Type or Print) (First) FLORENCE (Middle) ESTELLE (Last) STEVENS
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1949
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feby 14-1894
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Chester Q.A.Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William E. Marshall
14. MOTHER'S MAIDEN NAME Mamie E. Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT William Herman Stevens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adeno-carcinoma Type III of uterus — INTERVAL BETWEEN ONSET AND DEATH: about 2 years

174

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastases in mesenterium — 6 months

48b

(c) + spine + brain + bladder

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION April 8-1949
19b. MAJOR FINDINGS OF OPERATION Adeno-Carcinoma Corpus uteri Metastases bladder
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 1st, 1949, to July 17, 1949, that I last saw the deceased alive on July 16th, 1949, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

SIGNATURE Theodor Sattelmaier (Degree or title) ADDRESS Stevensville DATE SIGNED July 18.1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 20-49
NAME OF CEMETERY OR ~~CREMATORY~~ Stevensville
LOCATION (City, town, or county) Stevensville (State) Md

DATE REC'D BY LOCAL REG. July 20-49
REGISTRAR'S SIGNATURE Elizabeth Hopter
24. FUNERAL DIRECTOR Barton Bros. Centreville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07104

Reg. Dist. No. 2-52

1. PLACE OF DEATH:

County: Queen Anne

City or town: Rural Queen Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 33 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Rural Queen Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: George Carroll Wilmer

3.(b) Social Security Number: 216-18-2305

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Widowed

6.(b) Name of husband or wife: Alice Virginia Wilmer

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 6 - 1881

8. AGE: Years: 67 | Months: 11 | Days: 25 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Talbot Co. Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER — 12. Name: West Wilmer

FATHER — 13. Birthplace: Talbot Co. Md.

MOTHER — 14. Maiden name: Ida Wilson

MOTHER — 15. Birthplace: Queen Anne Co. Md.

16. Informant: Clifton Wilmer

Address: Queen Anne Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/4/49 (month) (day) (year)

Cemetery or crematory: Newtown

Location: Near Cordova Md.

18. Funeral director: C. R. Rawlings

Address: Easton Md.

19. July 2 - 1949 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 1 1949 at 10:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1946, to June 1949

and that I last saw him alive on June 15 1949

	DURATION
Immediate cause of death: Coronary Thrombosis	1 hr.
Due to: Arteriosclerotic Cardio-Vascular Disease	10 yrs.
Due to:	
Other conditions: 420.1 934	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: William C. Lamb M.D. (M. D. or other)

Address: Queenstown Md. Date signed: 7-1-49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1949
BUREAU V. S.